ENCOUNTER KEYS

ENCOUNTER REPLACEMENT PROCEDURES

Replacement procedures apply only to Form B (UB-92) and D (Dental) encounters; they cannot be used for Form A or C encounters.
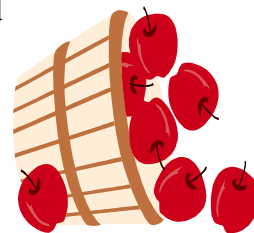
UB-92 (Form B)

A replacement is indicated by a bill type of XX7. The first two digits of the bill type must be numbers between 1 and 9, where the first digit is the facility code and the second digit is the bill classification code. As with an adjustment, enter the original CRN in the Original CRN field, located on Document Header 9 (refer to the Encounter File Specifications in Chapter 5 of the Encounter Reporting User Manual).

Since the replacement encounter will replace the original encounter, the Contractor may add revenue code lines or delete revenue code lines, and all data fields may be revised. However, there is one limitation when replacing an encounter: **the form type cannot change.** Form types on the UB-92 (inpatient hospital, outpatient hospital, and long-term care facility) are determined based on the bill type. A bill type can be changed on a replacement, if it does not result in a form type change. For example, if the original encounter had a bill type of 111, which is used to report an inpatient hospital service, it could be replaced with a bill type of 117, since this represents another inpatient hospital stay. However, it could not be replaced with a bill type of 217, which is used to report a long-term care facility stay.

Dental (Form D)

The procedure for submitting a replacement is identical to that for submitting an adjustment, with one exception: A replacement is indicated by a frequency code (adjustment code) of 7.

Note: An error on a replacement submission may result in a pended encounter.

DILEMMAS

For the months of July and August, pended encounters with the following error code conditions are not subject to sanction.

S385 – Service Units Exceed Maximum Allowed (pertains only to the 80000 procedure codes).

Z720 – Exact Duplicate Found **(THIS IS ONLY FOR DENTAL ENCOUNTERS)** The system is not reading the tooth surface correctly.

REFERENCE INFORMATION

The following AHCCCS PMMIS system reference screens may be of help in correcting your pending encounters:

RF102 AHCCCS Coverage Code
RF106 Dental Tooth Code
RF110 Procedure Codes & Descriptions
RF113 Procedure Codes Indicators & Values
RF118 HCPCS Tape Inquiry
RF122 Valid Procedure Modifiers
RF123 Procedure AHCCCS Coverage
RF151 ICD-9 Procedure Code
RF153 ICD-9 Procedure AHCCCS Coverage
RF211 Diagnosis AHCCCS Coverage Code
RF203 Diagnosis Code

RF302 NDC Coverage Code
RF310 Pharmacy Item Codes & Descriptions
RF319 Pharmacy Item Coverage
RF401 Capitation Rate
RF410 Contract Type
RF411 Rate Category
RF412 Rate Code to Rate Category
RF703 Admission Source
RF704 Admission Type
RF706 Bill Type
RF721 Revenue Codes
RF773 Revenue Codes To Procedure Codes
RF774 Revenue Codes to Bill Types
RF717 UB82 Patient Status
RF786 Bill Type to Form Type
RF769 Medical Categories of Service

AHCCCS SYSTEM PROJECTS

The following list of system projects will be implemented in the coming months:

♦ Preventive Relational Edits for 1500 (Well visit procedures reported with well visit diagnosis)
♦ Encounter on-line error correction (Completion of error correction capability)
♦ EC280 Screen Enhancements (Improve search and find techniques)
♦ Inpatient discrete dates of service (Inpatient stay cannot be reported as discrete Outpatient stays)
♦ IMD Service Limit (Construction of table edits for BHS services)
♦ ASC procedure code is not classified edit modification (Edit for procedure code not associated with ASC payment category)

NEW RATES FOR ANESTHESIA, ASC, NURSING HOME AND HCBS

New rates for Anesthesia, Ambulatory Surgical Centers (ASC), Nursing Homes and HCBS will become effective 10/01/2001. For a copy of this information, visit the AHCCCS web site. The address is:
www.ahcccs.state.az.us/PlansProviders/ProcRateCodes/FeeSchedules. asp#FFSRates
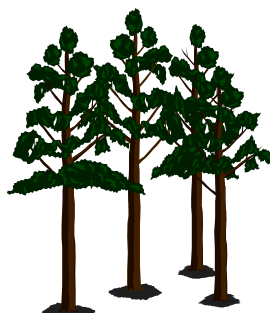
HARD & SOFT EDITS

Hard Edits will not allow the encounter to reach adjudicated status. These edits will go back to the Plan for correction.

Soft Edits have no adverse effect on approving encounters. Soft Edits are used only to monitor potential submission discrepancies. Soft Edits may appear on the Aging Report along with one or more Hard Edits. Follow the encounter procedures for correcting Hard Edit problems and the Soft Edit errors will disappear from the report**. It is not necessary to correct Soft Edit errors**.

NEW EDITS EFFECTIVE 10/01/2001

| Error Code	Hard/Soft	Description	Comment
A951	**Hard**	**Force Pend for Contractor Correction**	**This code will afford the Research Unit a means to communicate to the contractors any corrections needed as a result of the error code A950**
A600	**Soft**	MDC Allowed Less Than MDC Paid Plus MDC Deduct Plus MDC Coin	Edit communicates that an error was found in Medicare financial data
A601	**Soft**	HPP Not Equal To MDC Coin & Deduct	Edit indicates that an error is suspected between health plan paid amount and Medicare financial data
A603	**Soft**	Billed Charge Is Less Than Medicare Allowed Amount	Edit identifies error with either the billed charge or Medicare allowed amount
A604	**Soft**	Medicare Amounts Not Valid	Edit detects an error in Medicare financial data
A605	**Soft**	HPP & Other Insurance Amount > Billed Charge	Edit shows an error with health plan paid amount, other insurance amount, or billed charge
R632	**Soft**	Medicare Approved & Paid Not Both Present	Edit reveals that data have been omitted from Medicare approved or paid amount
T005	**Soft**	Psych Bed W/Out Psych Dx-Invalid	Existing error; logic flaw corrected
V205	**Soft**	Total Ancillary Non Covered Charges Equals Total Ancillary Billed	Edit communicates that valuation cannot occur due to all ancillary line charges being reported as non-covered
V210	**Soft**	Non Covered Ancillary Charges Exceeds HP Paid Amount	Edit reveals that valuation cannot occur due to all ancillary line charges being reported as non-covered
Z680	**Soft**	Contiguous Inpatient Same Day Admit/ Discharge Reported By Same Health Plans	Edit shows that inpatient stays were submitted as discrete outpatient stays
Z685	**Soft**	Contiguous Inpatient Same Day Admit/ Discharge Reported By Different Health Plans	Edit indicates that two (2) Health Plans billed inpatient stays as single days

*NOTE: Soft Edits listed above will be turned hard effective with dates of service on and after 02/01/2002.

CODING BOOT CAMP
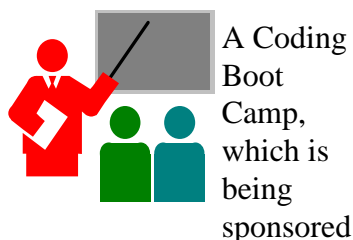
A Coding Boot Camp, which is being sponsored by Part B News and Physician Practice Coder, "Coding Boot Camp Basic Training for Physician Services" will be held on December 4th-7th, 2001 at the Four Seasons Hotel, Las Vegas, Nevada and on April 30th-May 3rd, 2002 at the Hyatt Regency Reston at Reston Town Center, Reston, Virginia. These seminars are for 3-1/2 days and will consist of intense training on how to code physician claims correctly and bill the claims to Medicare.

For further information contact the conference co-ordinators at 1(800) 383-3262 option 4 or visit their web site at www.codingexpert.com/
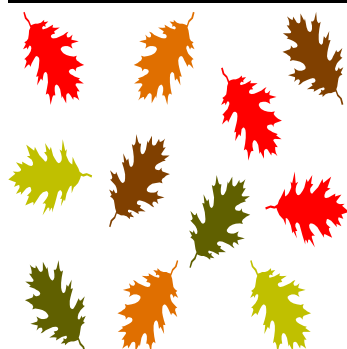
COMMENT FILE ADDED FOR PENDED ENCOUNTERS

The Comment File has been added to provide Contractors additional information for correcting encounters pended for A950 (Data Gathering Error) and other error codes.

The comments sent to the Health Plan will be in a separate file from the CCL records. The comment files will be on the Outside FTP server, as are the current CCL files. The comment records will contain the following fields:

CRN
Health Plan ID
Transmission Submitter Number

Comment File Header Record

Data Field	Picture	From / To	Remarks
Record type	X(02)	01 / 02	"T0"
Filler	X(14)	03 / 16	Spaces
Transmission Submitter Number	X(03)	17 / 19	
Date file created	X(08)	20 / 27	YYYYMMDD
Filler	X(73)	28 / 100	Spaces

Comment Detail Record

Data Field	Picture	From / To	Remarks
Record type	X(02)	01 / 02	"C6"
CRN	X(14)	03 / 16	
Health Plan Id	X(06)	17 / 22	
Comment	X(68)	23 / 90	
Filler	X(10)	91 / 100	Spaces

Comment Trailer Record

Data Field	Picture	From / To	Remarks
Record type	X(02)	01 / 02	"T9"
Filler	X(14)	03 / 16	Spaces
Transmission Submitter Number	X(03)	17 / 19	
Date file created	X(08)	20 / 27	YYYYMMDD
Total Nbr of Records	9(07)	28 / 34	
Filler	X(66)	35/ 100	Spaces

FILE AUDIT TRAILS AND
FILE NAMING STANDARDS

The November-December 2000 Encounter Keys and Chapter 2 of the January 2001 Encounter Reporting User Manual discussed proper file naming standards for FTP.

Prior to November 6, 2000, encounter submission was via tape. Encounter tape submission provided no confirmation of tape receipt. The implementation of FTP encounter transmission on November 6, 2000, has enabled AHCCCS to generate a systematic receipt confirmation of encounter files on the AHCCCS FTP server.

Additionally, the Contractor's monthly-adjudicated file contains all encounters processed for an encounter cycle. (The number and file type, i.e., professional, institutional, etc., have adjudicated and pended encounters contained in the monthly-adjudicated file and is another available audit trail for Contractors.)

The daily audit trail log files indicate "XYZ file(s) received" or "no files received." Contractors should review log files the day after files were submitted. If the log file indicates "XYZ file(s) received," the previous day's file transmission was successful. If the log file indicates "no files received," the previous day's file transmission was unsuccessful and should be re-transmitted as soon as possible.

Currently, for files correctly named without imbedded characters and for files incorrectly named or with imbedded characters, the audit trail is the Contractor's log and adjudicated file results, as previously described. If a file name is invalid, (i.e., FAMMDDYY.XXX (Professional - 1500 encounters), FBMMDDYY.XXX (Institutional – UB-92 encounters), FCMMDDYY.XXX (Retail pharmacy encounters), FDMMDDYY.X (Dental–ADA encounters), or PNMMDDYY.XXX (Pend correction encounters)), computer system logic cannot interpret the file. Consequently, an invalid file name is not accepted to the server.

FTP issues with invalid encounter file names or files with imbedded characters have resulted in the revision of the AHCCCS FTP input program currently being tested. The revision of the FTP input program would provide log audit files for invalid encounter file names and for other types of FTP server file errors. The revised FTP input program is expected to be in production by the end of this year. It is anticipated that the revised program will provide an audit for all files submitted to the AHCCCS FTP server.